

Craft Beer Aroma & Taste Evaluation Sheet

Beer Name: _____ Style: _____

Brewery: _____ Date: _____

Appearance

Color: _____ Clarity: _____

Head Retention: _____ Lacing: _____

Aroma

Malt: _____ Hop: _____

Yeast: _____ Other: _____

Taste

Malt: _____ Hop: _____

Yeast: _____ Other: _____

Mouthfeel

Body: _____ Carbonation: _____

Other: _____

Overall Impression

Additional Notes